



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

APR 11 2018

BY

42190

1. Entity ID Number 8889		2. Exact name of the Corporation McGovern's Floor Covering, Inc.			
3. Principal Office Address 365 Metacom Avenue			City Bristol	State RI	Zip 02809
4. NAICS Code 313210		8. Brief description of the character of business conducted in Rhode Island Install and distribute carpet materials and associates lines			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name David McGovern, Jr.			Vice-President Name David McGovern, Jr.		
Street Address 365 Metacom Avenue			Street Address 365 Metacom Avenue		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Sarah McGovern			Treasurer Name Sara McGovern		
Street Address 365 Metacom Avenue			Street Address 365 Metacom Avenue		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name David McGovern			Director Name Gail McGovern		
Street Address 27 Harborview Avenue			Street Address 27 Harborview Avenue		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			Common		
			No Par Value		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative David McGovern, Jr.					Date 4/11/2018
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016